FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

13	79535
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OMB A	APPROVAL
OMB Numbe Expires: Aug Estimated ave hours per for	ust 31, 1998 crage burden
SEC I	ISE ONLY
Prefix	Serial
·	Serial RECEIVED

Name of Offering (check if this is an a	mendment and name has chan	ged, and indicate cl	hange.)			
Units of Limited Partnership Units						
Filing Under (Check box(es) that apply):	☐ Rule 504	Rule 50	5	X Rule 506	Section 4(6)	☐ ULOE
Type of Filing:		X New Fil	ing		☐ Amendment	
	A. BAS	IC IDENTIFICAT	TION DATA	4		
1. Enter the information requested abou	it the issuer				(881 (811)01/1 0 0/11	
Name of Issuer (check if this is an ame	endment and name has change	d, and indicate char	ige.)			
Browning-Wade Stonebridge Harbor O	ne, L.P.				. []]	
Address of Executive Offices	(Number and S	treet, City, State, Z	ip Code)	Telephone Number (Inclu O	4007631
			·	(310) 467-6000		
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, Sta	te, Zip Code)		Telephoπe Number (Including Area Code	9)
Three Lincoln Centre, 5430 LBJ Freew	ay, Sulte 1626A75240			(972) 982-8282		_
Brief Description of Business			·			PROCESSE
Type of Business Organization				-		FEB 11 2004
☐ corporation	X limited partnership, alread	ly formed			other (please specif	y): [LU 1
D business trust	☐ limited partnership, to be	formed				THOMSON
		Month	Yea			FINANCIAL
Actual or Estimated Date of Incorporation	or Organization:	10	200.	=	Actual (☐ Estimated
Jurisdiction of Incorporation or Organizat	ion: (Enter two-letter U.S.) CN for Canada; FN for				Acmai	_ Estimated

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notic will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Box(es) that Managing Partner Apply: Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check ☐ Promoter ☐ Director ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Box(es) that Managing Partner Apply: Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Boxes ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Boxes ☐ Executive Officer ☐ Director ☐ Promoter ☐ Beneficial Owner ☐ General and/or that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Boxes Director ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer General and/or that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Boxes ☐ Executive Officer ☐ Director ☐ Beneficial Owner General and/or Promoter that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Boxes ☐ Executive Officer ☐ Director ☐ General and/or ☐ Promoter ☐ Beneficial Owner that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check ☐ Director ☐ General and/or Executive Officer ☐ Promoter ☐ Beneficial Owner Box(es) that Managing Partner Apply:

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

									, — — —					
1. I	Answer also in Appendix, Column 2, if filing under ULOE.									· ••••••••••••••••••••••••••••••••••••	Yes <u>No X</u>			
2. V												<u>.00</u>		
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or de registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of au broker or dealer, you may set forth the information for that broker or dealer. If more than five (5) persons to be listed are associated persons of au broker or dealer. If more than five (5) persons to be listed are associated persons of au broker or dealer. If more than five (5) persons to be listed are associated persons of au broker or dealer. If more than five (5) persons to be listed are associated persons of au broker or dealer. If more than five (5) persons to be listed are associated persons of au broker or dealer. If more than five (5) persons to be listed are associated persons of au broker or dealer. If more than five (5) persons to be listed are associated persons of au broker or dealer. If more than five (5) persons to be listed are associated persons of au broker or dealer. If more than five (5) persons to be listed are associated persons of au broker or dealer. If more than five (5) persons to be listed are associated persons of au broker or dealer. If more than five (5) persons to be listed are associated persons of au broker or dealer. If more than five (5) persons to be listed are associated persons of au broker or dealer. If more than five (5) persons to be listed are associated persons of au broker or dealer. If more than five (5) persons to be listed are associated persons of au broker or dealer. If more than five (5) persons														
s r	colicitation of purcharegistered with the SI	asers in conn EC and/or wi	ection with th a state or :	sales of se states, list t	curities in t he name of	he offering. the broker of	If a persor	to be listed	is an associa	ted person o	ragent of a	broker or dealer		
N/A														
Full N	Name (Last name firs	t, if individua	ıl)		<u> </u>			<u> </u>	···					
Busin	ess or Residence Ad	dress (Numbe	er and Street,	, City, State	, Zip Code)									
Name	of Associated Broke	er or Dealer							<u></u>					
States	in Which Person Li	sted Has Soli	cited or Inter	nds to Solic	it Purchaser	s .	 							
(Chec	k "All States" or che	ck individual	States)				*************	***************************************		•••••		D All States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[10]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	נוען	[NM]	[NY]	[NC]	[ND]	[он]	(OK)	[OR]	[PA]		
<u> </u>	<u>·</u>			[XX]	[UT]	[VT]	[VA]	[VA]	[WA]	[WI]	[WY]	[PR]		
Full N	lame (Last name firs	t, if individua	1)		-		_							
Busin	ess or Residence Ad	dress (Numbe	er and Street,	City, State	, Zip Code)					· · · · · · · · · · · · · · · · ·				
Name	of Associated Broke	er or Dealer												
States	in Which Person Li	sted Has Solid	cited or Inter	nds to Solic	it Purchaser	s								
			•				••••••		*********					
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]}	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
				[XT]	(UT)	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]		
Full N	Vame (Last name firs	t, if individua	ıl)											
Busin	ess or Residence Ad	dress (Numbe	er and Street,	City, State	, Zip Code)		· · · · · · · · ·							
Name	of Associated Broke	er or Dealer				· .								
States	in Which Person Li	sted Has Soli	cited or Inter	nds to Solic	it Purchaser	S								
(Chec	k "All States" or cho	ck individual	States)			***************************************						🗆 All States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[LN]	[MM]	[NY]	[NC]	[ND]	[OH]	(OK)	[OR]	[PA]		
IRII	ISCI	ISDI	ITNI	ITXI	II IT)	IVTI	[VA]	{VAI	(WV)	iwii	IWYI	IPRI		

B. INFORMATION ABOUT OFFERING

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 🗷 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged Type of Security Aggregate Amount Already Offering Price Sold

		Offering 1 fice		3014
	Debt	\$	_	s
	Equity	\$		\$
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$	_	S
	Partnership Interests	\$ 6,412,307.00		\$ 1,046, 250.00
	Other (Specify)	\$	_	s
	Total	\$ 6,412,307.00		\$ 1,046,250.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
	•	Number		Aggregate
		Investors		Dollar Amount
				of Purchases
	Accredited Investors	2	_	\$ 1,046,250.00
	Non-accredited Investors		-	s
	Total (for filings under Rule 504 only)		_	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
		Type of		Dollar Amount
		Security		Sold
	Type of Offering			
	Rule 505		-	\$
	Regulation A		-	\$
	Rule 504		-	s
	Total		-	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$

Fransfer Agent's Fees		\$	
Printing and Engraving Costs		\$	
egal Fees	X	\$10,000.00	
Accounting Fees	x	\$_5,000.00	
Engineering Fees		\$	
Sales Commissions (specify finders' fees separately)		\$	
Other Expenses (Identify)		\$ <u>650.00</u>	
Total	X	\$ <u>15,650.00</u>	

C. OFFERING PRICE, NUMBER OF I	NUTSTADS FYDENSES AND	lice Of bdoceeps	
b. Enter the difference between the aggregate offering price given in response to Part C - Question 4.a. This difference is the "adjusted	esponse to Part C- Question I and	I total expenses furnished	\$ 6,396,657.00
5. Indicate below the amount of the adjusted gross proceeds to the issuer u If the amount for any purpose is not known, furnish an estimate and o payments listed must equal the adjusted gross proceeds to the issuer set f	theck the box to the left of the	estimate. The total of the ion 4.b above.	
		Payment to Officers, Directors, & Affiliates	Payment To Others
Salaries and fees		□ s	□ s
Purchase of real estate			X \$6,396,657.00
Purchase, rental or leasing and installation of machinery and equipment		□ s	□ s
Construction or leasing of plant buildings and facilities			
Acquisition of other businesses (including the value of securities involved in exchange for the assets or securities of another issuer pursuant to a merger)		□ s	□ s
Repayment of indebtedness		□ s	□ s
Working capital		□ s	□ s
Other (specify):		□ s	□ s
		□ s	□ s
Column Totals		□ s	□ s
Total Payments Listed (column totals added)		\$ 6,396,657.	
D. FED	ERAL SIGNATURE		
The issuer had duly caused this notice to be signed by the undersigned duly an undertaking by the issuer to furnish to the U.S. Securities and Exchange (non-accredited investor pursuant to paragraph (b)(2) of Rule 502.			
Issuer (Print or Type)	Signature		Date
Browning-Wade Stonebridge Harbor One, L.P.	Talk 3l	enin	2.2.04
Name of Signer (Print or Type) B-W Stonebridge Harbor One, LLC, general partner	Title of Signer (Print or Type)		
By: Cariton Fleming	Manager	· · · · · · · · · · · · · · · · · · ·	
		And the same of th	

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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1.	ls any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?	Yes	No X							
	See Appendix, Column 5, for state response.									
2.	The undersigned issuer hereby undertakes to furnish to the state administrator of any state in which the notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.									
3.	The undersigned issuer hereby undertakes to furnish to any state administrators, upon written request, information furnished by the issuer to	offerees.								
4.										
Th	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the und	ersigned du	ly authorized							
per	son.									
Iss	uer (Print or Type) Signature	Date								
Br	owning-Wade Stonebridge Harbor One., L.P.	2.2	.04							

E. STATE SIGNATURE

issues (Film of Type)	Signature	Dane
Browning-Wade Stonebridge Harbor One., L.P.	Couldnedleni	2.2.04
Name (Print or Type)	Title (Print or Type)	
B-W Stonebridge Harbor One, LLC, general partner	1	
By: Carlton Fleming	Manager	

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. An copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APPENDIX							
1		2	3		4				5		
	to non- investo (Part	nd to sell accredited rs in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)		
State	Yes	No	Limited Partnership Units	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
AL											
AK											
ΑŻ											
AR											
CA		X	\$6,412,307.00	1	\$750,937.50	0			х		
CO											
CT											
DE											
DC		,									
FL											
GA											
HI											
ID					<u> </u>						
IL											
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IĀ											
KS											
KY											
LA											
ME											
MD											
MA											
MI											
MN											
MS											
МО											

APPENDIX 2 Type of security Disqualification under State ULOE (if yes, attach explanation of Intend to sell and aggregate to non-accredited offering price Type of investor and amount purchased in State Investors in State offered in state waiver granted (Part E-(Part B-Item 1) (Part C-Item 1) (Part C-Item 2) Item 1) State Yes Number of Amount Number of Amount No Accredited Non-Investors Accredited Investors MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN \$295,312.50 TX \$6,412,307.00 UT VT VΑ WA wv WI WY PR

FORM 2400